

A Thesis on

Purpura,

Submitted to the Faculty of the

Homoeopathic Medical College of Pennsylvania

By

B.C. Woodbury.

Session 1865 — 66.

Purpura.

This disease as defined by modern writers, is characterized by spots or patches of a bright red or purplish hue, known as Petechiae. These are caused by the extravasation of blood beneath the cuticle; and are accompanied by a frequent tendency to Hemorrhage without any other obvious derangement of the system.

Petechiae frequently appear as a concomitant symptom of other diseases, such as Scurvy, Typhus and Typhoid Fevers, and other low or adynamic forms of disease depending no doubt to some extent upon a similar state of the blood and capillary vessels. This is more especially true with regard to Scurvy, which in some respects is very similar to Purpura. In Typhus and other malignant diseases however, the occurrence of this symptom is of the gravest import and indicates a more profoundly altered and disorganized condition of the blood than in

the former instance.

Purpura was formerly and as Watson observes, very improperly ranked with the cutaneous eruptions; late writers more properly regard it as a disease of the blood.

Several varieties of Purpura were recognized by the early writers; these are regarded by eminent authorities of the present time as mere grades of the same disease. Some however still recognize two varieties, viz., Purpura Simplex and Purpura Hemorrhagica. Others again regard these as identical and use these terms merely to distinguish mild from severe cases.

This latter view seems to me to be the correct one; for while there is a marked difference in point of severity in different cases, it is equally true the mildest cases are liable to the occurrence of Hemorrhage. Therefore in describing this disease I shall use the terms Simplex and Hemorrhagica in the same sense as we use the term Simplex

and Maligna with reference to Scarlet Fever.

Much popular error exists with regard to the nature and cause of this disease. Patients affected with it are called "natural bleeders" from their great liability to Hemorrhage; by some they are supposed to be destitute of blood vessels, while others, a little more intelligent, imagine that they have no valves to their veins.

In the simple or mild form of the disease the spots are usually small and of a bright red color, especially when the disease occurs in children and young persons; but a darker and more purple hue when it occurs in aged or feeble individuals. Their appearance is generally preceded by languor, slight wandering pains in the back and limbs, nocturnal restlessness, slight head ache, nausea and sometimes vomiting. There is commonly want of appetite and sometimes a dry cough. The spots usually make their appearance first upon the

lower extremities, mostly below the knee; subsequently they appear on the arms, neck and back, but rarely upon the face or hands. They appear in successive crops each lasting from five to eight days then gradually fading till succeeded by a fresh one. During this process they undergo several changes of color varying from their original vivid red to a purplish or brownish tint; and finally leave a stained or yellowish appearance upon the surface. In the mean time new spots appear and become intermixed with those partially faded; this gives to the surface a peculiar mottled appearance. They vary in size from a mere speck to an inch or more in diameter, but are usually not far from the size of a flea bite, to which they bear some resemblance. The skin is remarkably sensitive to pressure and becomes ecchy-mosed, or to use a common phrase, "black and blue" from the lightest blow or slightest degree

of pressure; and looks as if it had been severely contused. These spots, or ecchymoses, are often the first symptom to attract the attention of the patient or his friends who are frequently at a loss how to account for their appearance.

We come now to the consideration of the more serious form of this disease, the *Purpura Hemorrhagica*, or *Morbus Maculosus Werlhofii*, as it is sometimes called. In this form the petechiae are larger, more numerous and much darker than in the simple variety, and they observe the same order in their development and decline. As a general rule, there is no elevation of the cuticle and they retain their color under pressure, which distinguishes them from emphysemas on the skin. In some cases however, when the extravasated fluid is partly serous, the cuticle becomes slightly elevated, forming small, bloody blisters. Similar petechiae to those upon the skin are found upon the

mucous membrane of the mouth, stomach, intestines, uterus and vagina, and more rarely upon the serous membranes, such as the pleura, pericardium peritoneum, and in the sheaths of the large nerves.

In this form of Purpura, Hemorrhage of various degrees of violence frequently occurs either spontaneously or as the result of wounds and other injuries. It is generally of the passive form and moderate in amount; either ceasing of itself or readily yielding to treatment. In some cases however it assumes the active form, especially when it occurs in vigorous, plethoric subjects or is combined with an inflammatory state of the system. Under these circumstances it may be very profuse, so much so as to cause the patient to sink rapidly. When it occurs spontaneously it is more usually in the form of Epistaxis, Hæmatemesis, or Hæmoptysis; or it

may come from the gums, mouth, conjunctiva, external auditory meatus, kidneys and urinary passages, vagina and rectum, or from all at the same time. It may also occur within the cavity of the cranium or within the parenchyma of the lungs, giving rise to cerebral or pulmonary apoplexy.

When this Hemorrhage is profuse, it may prove rapidly fatal if not checked. When it occurs in consequence of wounds it is not generally so profuse, unless the wounds are large; but it is frequently obstinate and protracted, continuing in some cases for days and even weeks in spite of treatment. the blood seems to have lost all power of coagulating and keeps up a constant oozing, or leakage, as it were from the surface of the wound, preventing it from healing. The most powerful styptics produce only a temporary effect.

Patients not unfrequently bleed to death from the most trifling wounds, which in health they scarcely notice. I remember an instance in which three children in the same family were affected with the disease, all of whom bled to death from very slight wounds. The first died at the age of two years, from a small cut on the end of the finger; the second from a similar wound in the arm from the point of a pair of scissors. Previous to this he received a slight wound in the cheek, not larger than the prick of a pin which nearly proved fatal; the hemorrhage continuing for two weeks in spite of the efforts of several allopathic physicians to check it. The third lived till his seventh year, but finally died in consequence of hemorrhage from a small wound in the lip received from a fall. In all of these cases, I learned that the Mother had taken large quantities of common soda

for acidity of the stomach during pregnancy. This may account for so many of her children having Purpura.

In this form of Purpura the constitutional symptoms are much more strongly marked than in the simple variety. The languor and debility are frequently excessive. The patient becomes weak and emaciated, the face is pale and sallow, the lips and mucous membrane of the mouth have a peculiar bloodless appearance, especially in cases that have continued for a long time, while in those more recent the lips are sometimes purple. There are often deep seated pains in the chest with dry cough and embarrassed respiration. Some patients have frequent fainting spells, amounting sometimes to syncope; oedema of the face and lower extremities is not uncommon; especially in cases of long standing. The pulse is not usually affected in any

marked degree; when there is much debility and frequent Hemorrhage it is usually weak; but when the Hemorrhage is active it is said to be full and sometimes decidedly febrile.

The duration of this disease is variable; it may last for a few days or weeks only, or it may continue for several years. The simple form is not usually dangerous, except from liability to Hemorrhage, which however is not generally severe. The Hemorrhagic variety is always a dangerous disease; and under allopathic treatment it frequently proves fatal. Death may occur either directly, from excessive Hemorrhage, or it may result from extravasation into the cavity of some vital organ, as the heart, lungs or brain, causing a suspension of its functions.

There is an affection peculiar to old

persons, which consists of dark livid or purplish spots upon the hands and forearms, closely resembling the ecchymoses which result from bruises. These spots recur at variable periods and are probably caused by a thin watery and impoverished condition of the blood, together with debility of the vessels of the skin. It may continue for years without any obvious derangement of the general health. This affection was called by the early writers, *Purpura Senilis*.

Purpura is sometimes complicated with certain skin affections, which modify to some extent its appearance. The *Purpura Articularis* of authors, is probably an example of this kind.

The causes of *Purpura* are not clearly understood. It is probable that any influences which tend to impair the vital processes, such as impure air, insufficient and

unwholesome food, grief and other depressing emotions, may act as exciting causes in those predisposed to the disease. It has also been observed to occur in consequence of debility succeeding acute exanthematous diseases, such as small pox and scarlatina.

Menstrual irregularities, particularly suppression and retention of the menses, are said to predispose to it. Certain medicines, such as the alkalies, which have the power of defibrinating the blood, seem to have caused Purpura in some instances. Prof. Wood mentions a case where the disease was produced by the free use of the Iodide of Potassium; and in several cases before alluded to, which I have had an opportunity to observe in children, it appeared to me to result from the Mother's excessive use of common soda for acid stomach during the period of gestation.

The disease may occur at any age, but is

said to be more common in old and young than in those of middle age. The Hemorrhagic form is said to be most common in females and boys before puberty; some persons appear to be constitutionally predisposed to this disease.

With regard to the nature of Purpura there is much difference of opinion. Several theories have been advanced to account for the Hemorrhagic phenomena. Among these, venous congestion has been thought by some to be the immediate cause of the extravasation. But it is argued on the other hand that this cannot be the essential cause, from the fact that this condition is by no means universally present in the disease. By others it has been attributed to a "morbid state of the capillaries" which favors the extravasation of blood through their walls. In opposition to this, is the fact that the disease frequently occurs in robust individuals in whom all evidence of debility of the

capillary vessels is wanting. My own opinion is that the proximate cause is to be found in an altered condition of the blood itself. In a large majority of instances the blood of patients affected with this disease has been found deficient in fibrine and other solid constituents. This must necessarily render it abnormally fluid and thereby impair its property of coagulability, which is found to be the case. Hence the prolonged and obstinate hemorrhage which frequently occurs in this disease is no doubt principally owing to this want of coagulability of the blood. It is probable that there is also present some abnormal condition of the blood vessels, which allows the blood itself to exude through their walls. The following quotation from Rockitansky's *Path. Anat.* vol. 3 page 72, seems to favor this view of the matter; "the bloody spots in Werlhof's morbus maculosus and in Scurvy, the petechiae in Typhus and Typhoid Fevers, &c,

are instances of such Hemorrhage. Its occurrence is facilitated by delicacy and susceptibility to injury on the part of the walls of the capillary vessels and by a tendency to transudation on the part of the blood."

The alkaline salts, when mingled in solution with freshly drawn blood, are well known to possess the power of preventing its coagulation. And it has been suggested by some late writers, that an excess of these salts in the circulation might produce a similar dissolved condition of the blood, just that condition in fact which we find present in Purpura, and which enables the blood itself to escape so readily through the walls of its containing vessels.

The diagnosis of Purpura is not usually difficult; the only disease with

which it is likely to be confounded is Scurvy; but the points of difference between the two are sufficiently well marked to enable us to distinguish clearly between them. The following are some of the principal points in which they differ. In Purpura the spots are brighter red than in Scurvy and the lips and tongue less pale, while the swollen and spongy gums, the large, flabby tongue, the feeble pulse, dry skin and painful tumors on the lower extremities, which are so characteristic of Scurvy, are not found in Purpura. Another characteristic difference between the two diseases, is the fact that a very frequent cause of Scurvy is the want of a proper amount of vegetable food which is not the case with Purpura.

Scurvy occurs most commonly in spring and winter. Purpura in summer and -

autumn. From eruptive diseases it is distinguished by the spots retaining their color under pressure.

The prognosis of this disease is generally favorable, especially under Homoeopathic treatment. The worst cases yield as if by magic to our remedies when administered in accordance with our great therapeutic law.

The most important remedies in this disease are Sulphuric Acid, Lachesis and Phosphorus. Others, such as Bryonia, Ledum, Silicea and Stramonium, may be useful in different cases, according to the symptoms and the indications furnished by each individual case.

One very interesting case came under my care while a student with Dr. J. H. P. Frost; this case, which was subsequently reported by Dr. F. in the Am. Hom. Rev., vol

5 page 491, was cured by Lach. The symptoms which guided in the selection of this remedy were as follows: Cachectic and dropsical condition, black and blue spots over the entire body, the least touch would produce them, great sensitiveness to contact and soreness of the whole body, deathly paleness of the face, aggravation of all the symptoms after sleeping.

Sulphuric acid will be found useful, especially when the disease occurs in old persons or when there are small blue spots on various parts of the body as from angillation, also when the skin is easily bruised, causing ecchymosis.

Phosphorus, small wounds bleed much, pale face, sunken eyes with blue margins around them, also when the disease occurs in females and seems to be vicarious to the menses. Dr. C. W. Boyce reports a case in the Am. Hom. Rev.,

vol 5 page 567, cured by this remedy.

For the other medicines mentioned I know no special indications.